FCC For	rm 481 - Carrier Annual Reporting Data Collection Form		FCC Form 481 OMB Control No. 3 July 2013	060-0986/OMB Control No. 3060-0819
<010>	Study Area Code	359136		
<015>	Study Area Name	Boomerang Wireless	LLC	
<020>	Program Year	2016		
<030>	Contact Name: Person USAC should contact with questions about this data	Mark Lammert		
<035>	Contact Telephone Number: Number of the person identified in data line <030>	4072601011 ext.		
<039>	Contact Email Address: Email of the person identified in data line <030>	regulatory@csilongw	wood.com	
ANNUA	AL REPORTING FOR ALL CARRIERS			54.313 54.422 Completion Completion Required Required (check box when complete)
<100>	Service Quality Improvement Reporting		(complete attached worksheet)	
<200>	Outage Reporting (voice)		(complete attached worksheet)	1
<210>		outages to report		CHILL.
<300>	Unfulfilled Service Requests (voice)			227777
-710:	San I and Market Andrews			111111
<310>	Detail on Attempts (voice)		(attach descriptiv	e document)
<320>	Unfulfilled Service Requests (broadband)			
4320	ornamica service nequests (or adulation)			- Innana
<330>	Detail on Attempts (broadband)		(attach descripti	ve document)
<400>	Number of Complaints per 1,000 customers (voice)			
<410>	Fixed 0.0			/
<420>	Mobile 0.0			
<430> <440>	Number of Complaints per 1,000 customers (broadb	and)		411111
<450>	Mobile			
<500>	Service Quality Standards & Consumer Protection Ru Boomerang_Section 510.pdf	iles Compliance	(check to indicate certification)	
<510>			(attached descriptive document)	
<600>	Functionality in Emergency Situations		(check to indicate certification)	<b>✓</b>
	Boomerang_Section 610,pdf			
510			(attached descriptive document)	
<610>				455555
<700>	Company Price Offerings (voice)		(complete attached worksheet)	111111
<710>	Company Price Offerings (broadband)		(complete attached worksheet)	
<800> <900>	Operating Companies and Affiliates Tribal Land Offerings (Y/N)?	(If y	(complete attached worksheet) yes, complete attached worksheet)	ALLE STATES
	Voice Services Rate Comparability Certification			
<1010>	i		(attach descriptive document)	MILL
<1100>	Certify whether terrestrial backhaul options exist (Y	es or No)	(if not, check to indicate certification)	THEFT
<1110>			(complete attached worksheet)	All III
<1200>	Terms and Condition for Lifeline Customers		(complete attached worksheet)	CHILLIA .
	Price Cap Carriers, Proceed to Price Cap Additional D			
<2000>	Including Rate-of-Return Carriers affiliated with Price	ce Cap Local Exchange	(check to indicate certification)	1111111
<2005>			(complete attached worksheet)	111/11
-2000	Rate of Return Carriers, Proceed to ROR Additional I	Documentation Works		500000
<3000> <3005>			(check to indicate certification) (complete attached worksheet)	

Data Co	ervice Quality Improvement Reporting		FCC Form 481  OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	359136	
<015>	Study Area Name	Boomerang Wireless LLC	
<020>	Program Year	2016	
<030>	Contact Name - Person USAC should contact regarding this data	Mark Lannert	
<035>	Contact Telephone Number - Number of person identified in data line <030>	4072601011 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	regulatory#csilongwood.com	
<110>	Has your company received its ETC certification from the FCC?	(yes / no.) O O	
<111>	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?	(yes/no) O O	
<112>	If your answer to Line <112 is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.  Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your	company is a	
	CETC which only receives frozen support, your progress report is only required to address voice telephony service.		
		e-year	Name of Attached Document
c113>	required to address voice telephony service.  Please select the appropriate responses below (Yes, No, Not Applicable) to confit that the attached document(s), on line 112, contains a progress report on its five service quality improvement plan pursuant to 554.202(a). The information shall it	e-year	Name of Attached Document
	required to address voice telephony service.  Please select the appropriate responses below (Yes, No, Not Applicable) to confit that the attached document(s), on line 112, contains a progress report on its five service quality improvement plan pursuant to §54.202(a). The information shall to submitted at the wire center level or census block as appropriate.	e-year	Name of Attached Document
:114>	required to address voice telephony service.  Please select the appropriate responses below (Yes, No, Not Applicable) to confit that the attached document(s), on line 112, contains a progress report on its five service quality improvement plan pursuant to §54.202(a). The information shall to submitted at the wire center level or census block as appropriate.  Maps detailing progress towards meeting plan targets.  Report how much universal service (USF) support was received.	s-year be	Name of Attached Document
<114> <115>	required to address voice telephony service.  Please select the appropriate responses below (Yes, No, Not Applicable) to confit that the attached document(s), on line 112, contains a progress report on its five service quality improvement plan pursuant to §54.202(a). The information shall to submitted at the wire center level or census block as appropriate.  Maps detailing progress towards meeting plan targets Report how much universal service (USF) support was received.  How much (USF) was used to improve service quality, and how support was used to improve service.	e-year be ove service quality	Name of Attached Document
<113> <114> <115> <116> <117>	required to address voice telephony service.  Please select the appropriate responses below (Yes, No, Not Applicable) to confit that the attached document(s), on line 112, contains a progress report on its five service quality improvement plan pursuant to §54.202(a). The information shall to submitted at the wire center level or census block as appropriate.  Maps detailing progress towards meeting plan targets.  Report how much universal service (USF) support was received.	e-year be ove service quality prove service coverage	Name of Attached Document

(200) Service Outage Reporting (Voice)	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OM8 Control No. 3060-0819
	July 2013

<010>	Study Area Code	159136
<015>	Study Area Name	Boomerany Wireless LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Mark Lassnert
<035>	Contact Telephone Number - Number of person identified in data line <030>	4072601011 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	regulatory#csilengwood.com

<2>	<b1></b1>	<h2></h2>	<b3></b3>	<b4></b4>	<<1>	<<2>	<d></d>	(e)	 ch	<g></g>	cho
NORS Reference Number	Outage Start Date	Outage Start Time	Outage End Date	Outage End Time	Number of Customers Affected	Total Number of Customers	911 Facilities Affected (Yes / No)	Service Outage Description (Check all that apply)	Did This Outage Affect Multiple Study Areas (Yes / No)	Service Outage Resolution	Preventative Procedures
					-					0	
								-			
			_								
	NORS Reference	NORS Reference Outage Start	NORS Reference Outage Start Outage Start	NORS Reference Outage Start Outage Start Outage End	NORS Reference Outage Start Outage Start Outage End Outage End	NORS Reference Outage Start Outage Start Outage End Outage End Number of	NORS Reference Dutage Start Outage Start Outage End Outage End Number of Customers Affected Total Number of	NORS Reference Dutage Start Outage Start Outage End Outage End Number of S11 Facilities Number Date Time Date Time Customers Affected Total Number of Affected	NORS Reference Dutage Start Outage Start Outage End Outage End Number of Number of Date Time Customers Affected Total Number of Affected Description (Check	NORS Reference Dutage Start Outage Start Outage End Outage End Outage End Number of Number of Date Time Date Time Customers Affected Total Number of Affected Description (Check Study Areas	NORS Reference Dutage Start Outage Start Outage End Outage End Outage End Number of Date Time Date Time Customers Affected Total Number of Affected Description (Check Study Areas Service Outage

(700) Price Offerings including Voice Rate Data Data Collection Form		FCC Form 481 OM8 Cantrol No. 3060-0986/OM8 Control No. 3060-0819 July 2013
<010> Study Area Code	359136	

<010>	Study Area Code	359116
<015>	Study Area Name	Boomerang Wireless LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Mark Lannert
<035>	Contact Telephone Number - Number of person identified in data line <030>	4072601011 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	regulatory#csilongwood.com

<701> Residential Local Service Charge Effective Date <702> Single State-wide Residential Local Service Charge 1/1/2015

cal>	92>	<a3></a3>	<b1></b1>	462>	<b3></b3>	de	<bs></bs>	CO
State	Exchange (ILEC)	SAC (CETC)	Rate Type	Residential Local Service Rate	State Subscriber Line Charge	State Universal Service Fee	Mandatory Extended Area Service Charge	Total per line Rates and Fe
	_							
	+							
_	_							
	1							

(710) Broadband Price Offerings	OF THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.	FCC Form 481
Data Collection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819
		July 2013

<010>	Study Area Code	359136
<015>	Study Area Name	Boomerang Mireless LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Mark Lanmert
<035>	Contact Telephone Number - Number of person identified in data line <030>	4072403011 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	regulatory#cstlongwood.com

	qb	42>	<01>	<b2></b2>	40	<d1></d1>	<d2></d2>	<d3></d3>	<d4></d4>
	State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rate and Fees	Broadband Service - Download Speed (Mbps)	Broadband Service - Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached (select
-									
-									
-									
$\vdash$									
-									

	erating Companies lection Form					FCC Form 481 OMB Control No. 3060-0986/OMB C July 2013	Control No. 3060-0819
<010>	Study Area Code		359136				
<015>	Study Area Name		Boongrang Wire	eless ttc			
<020>	Program Year		2016	A SAME AND			
<030>	Contact Name - Person	USAC should contact regarding this data	Mark Lannert				
<035>		aber - Number of person identified in data line <030>	4072601011 ex	L <sub>1</sub> .			
<039>		Email Address of person identified in data line <030>	regulatoryeca	llongwood.com			
<810>	Reporting Carrier	Boomerany Wireless, LLC d/h/a enfouch Wirele					
<811>	Holding Company	HH Ventures, LLC					
<812>	Operating Company	enTouch Wireless					
<813>		qb ab	001 (0100)20	ab		43>	ATTEN AUTO
		Affiliates		SAC	Doing Bus	siness As Company or Brand Design	ation

Data Col	bal Lands Reporting lection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	359116
<015>	Study Area Name	Roomerang Wireless LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Mayk Lammert
<035>	Contact Telephone Number - Number of person identified in data line <030>	4073601011 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	regulatory@cailongwood.com
<910>	Tribal Land(s) on which ETC Serves	
hvere etc.		
<920>	Tribal Government Engagement Obligation	Name of Attached Document
		Name of Attached Document
If your o	company serves Tribal lands, please select (Yes,No, NA) for each these boxes	Name of Attached Document
If your o	company serves Tribal lands, please select (Yes, No, NA) for each these boxes rm the status described on the attached document(s), on line 920,	Name of Attached Document Select
If your of to confidemons	company serves Tribal lands, please select (Yes,No, NA) for each these boxes rm the status described on the attached document(s), on line 920, strates coordination with the Tribal government pursuant to	Select is or No or
If your of to confidemons	company serves Tribal lands, please select (Yes,No, NA) for each these boxes rm the status described on the attached document(s), on line 920, strates coordination with the Tribal government pursuant to	Select
If your of to confi demons § 54.31	company serves Tribal lands, please select (Yes,No, NA) for each these boxes rm the status described on the attached document(s), on line 920, strates coordination with the Tribal government pursuant to  Yes No	Select is or No or
If your of to confi demons § 54.31	company serves Tribal lands, please select (Yes, No, NA) for each these boxes rm the status described on the attached document(s), on line 920, strates coordination with the Tribal government pursuant to 3(a)(9) includes:  Needs assessment and deployment planning with a focus on Tribal	Select is or No or
If your of to confidemons § 54.31	company serves Tribal lands, please select (Yes,No, NA) for each these boxes rm the status described on the attached document(s), on line 920, strates coordination with the Tribal government pursuant to 3(a)(9) includes:  Needs assessment and deployment planning with a focus on Tribal community anchor institutions.	Select is or No or
If your of to confi demons § 54.31:	company serves Tribal lands, please select (Yes,No, NA) for each these boxes rm the status described on the attached document(s), on line 920, strates coordination with the Tribal government pursuant to 3(a)(9) includes:  Needs assessment and deployment planning with a focus on Tribal community anchor institutions.  Feasibility and sustainability planning;	Select is or No or
If your of to confidernons § 54.31:  <921> <922> <923>	company serves Tribal lands, please select (Yes,No, NA) for each these boxes rm the status described on the attached document(s), on line 920, strates coordination with the Tribal government pursuant to 3(a)(9) includes:  Needs assessment and deployment planning with a focus on Tribal community anchor institutions.  Feasibility and sustainability planning;  Marketing services in a culturally sensitive manner;	Select is or No or
If your of to confidements § \$4.31.1 <921> <922> <923> <924>	company serves Tribal lands, please select (Yes,No, NA) for each these boxes rm the status described on the attached document(s), on line 920, strates coordination with the Tribal government pursuant to (3(a)(9) includes:  Needs assessment and deployment planning with a focus on Tribal community anchor institutions.  Feasibility and sustainability planning; Marketing services in a culturally sensitive manner; Compliance with Rights of way processes Compliance with Land Use permitting requirements	Select is or No or
If your of to confidements § \$4.31:  <921> <922> <923> <924> <925> <926>	company serves Tribal lands, please select (Yes,No, NA) for each these boxes rm the status described on the attached document(s), on line 920, strates coordination with the Tribal government pursuant to (a)(9) includes:  Needs assessment and deployment planning with a focus on Tribal community anchor institutions.  Feasibility and sustainability planning; Marketing services in a culturally sensitive manner; Compliance with Rights of way processes Compliance with Land Use permitting requirements Compliance with Facilities Siting rules	Select is or No or
If your of to confidements § 54.31.  <921> <922> <923> <924> <925>	company serves Tribal lands, please select (Yes,No, NA) for each these boxes rm the status described on the attached document(s), on line 920, strates coordination with the Tribal government pursuant to (3(a)(9) includes:  Needs assessment and deployment planning with a focus on Tribal community anchor institutions.  Feasibility and sustainability planning; Marketing services in a culturally sensitive manner; Compliance with Rights of way processes Compliance with Land Use permitting requirements	Select is or No or

(1100) No Terrestrial Backhaul Reporting Data Collection Form			FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	359136	
<015>	Study Area Name	Soomerany Wireless LLC	
<020>	Program Year	2016	
<030>	Contact Name - Person USAC should contact regarding this data	Mark Laumest	
<035>	Contact Telephone Number - Number of person identified in data line <030>	4072601011 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	regulatory@csilongwood.com	
<1120>	Please confirm whether terrestrial backhaul options exist within the supported area pursuant to § 54.313(g) (Yes, No).		
<1130>	Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 upstream within the supported area pursuant to § 54.313(g).	kbps	

Lifeline	erms and Condition for Lifeline Customers lection Form			FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code		359136	
<015>	Study Area Name		Boomerang Wireless LLC	
<020>	Program Year		2016	
<030>	Contact Name - Person USAC should contact regarding this data		Mark Lannert	
<035>	Contact Telephone Number - Number of person identified in data	line <030>	4072601011 ext.	
<039>	Contact Email Address - Email Address of person identified in data	line <030>	regulatory@cmilongwood.com	
<1210> <1220>	Terms & Conditions of Voice Telephony Lifeline Plans  Link to Public Website	HITP N	ttp://www.entouchwireless.com/n	Name of Attached Document pages/cell_phone_termsofservice
or the we	heck these baxes below to confirm that the attached document(s), on line bsite listed, on line 1220, contains the required information pursuant to (a)(2) annual reporting for ETCs receiving low-income support, carriers mu			
<1221>	Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,	1		
<1222>	Details on the number of minutes provided as part of the plan,	1		
<1223>	Additional charges for toll calls, and rates for each such plan.			

(2000) Pri	ice Cap Carrier Additional Documentation	FCC Form 481	
Data Coll	ection Form	OMB Control No. 3060-0986/OMB Control No. 3	3060-0819
Including	Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers	July 2013	Selening.
<010>	Study Area Code		
<015>	Study Area Name	parie.	
<020>	Program Year	GOOMETAIN WITELESS LLC	
<030>	Contact Name - Person USAC should contact regarding this data	1016	
<035>	Contact Telephone Number - Number of person identified in data line <030>	ZAK Dammart	
<039>	Contact Email Address - Email Address of person identified in data line <030>	073801011 WKC.	
processions.		egulatorywcailongwood.com	entra .
	America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The information of the information of the information of the information (47 CFR § 54.313(b)(1)i)	ecipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge ion reported on this form and in the documents attached below is accurate.	reductions, a
<2011b>	restruction in the common of the common statement of the common of the c		
<2012>	Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a)) 2013 Frozen Support Calculation (47 CFR § 54.313(c)(1))	Name of Attached Document(s) Listing Required Information	
<2013>	B		
<2014>	To - SUPPORTS (TO SUPPORT ) TO SUPPORT FOR SUPPORT ( TO SUPPORT ) ( TO SUPPORT ) ( TO SUPPORT ) ( TO SUPPORT )		
<2015>	·		
	Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d))		
<2016>	Certification Support Used to Build Broadband		
<2017> <2018> <2019>	5th year Broadband Service Certification		
<2020>	Please check the box to confirm that the attached document(s), on lin pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support si addresses of community anchor institutions to which began providing preceding calendar year.	provide the number, names, and	
<2021>	Interim Progress Community Anchor Institutions		
		Name of Attached Occument(c) Listing Required Information	

(1000) H	ate Of Return Cerrier Additional Documentation	AND DESCRIPTION OF THE PROPERTY OF THE PROPERT	FCC Form 481	STATE OF THE PARTY OF THE PARTY.
Date Col	lection form		OMB Control No.	3060-0986/OM9 Control No. 5060-0819
1000		AND SAME TO SA	July 2015	
	Patricipal discovery			
<010>	Study Area Code	359136		
<d20></d20>	Study Area Name Program Year	Boomerang Mireless LLC		
<0.10>	Contact Name - Person USAC should contact regarding this data	2016 Mark Lammers		
<035>	Contact Telephone Number - Number of person identified in data line <030>	1972601011 ext.		
<0.195	Contact Email Address - Email Address of person identified in data line 4030x	regulatory@csllongwood.com		
снеск	the boxes below to note compilance on its five year service quality plan (pursua CFR § 54.51.5(f)(2). I further certify that ti	et to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring he information reported on this form and in the documents attack		mancial reporting requirements set forth in 47
(3010)	Progress Report on 5 Year Plan			
	Milestone Certification (47 CFR § 54.313(f)(1)(1))			
		Name of Attached Document Listing Required Inform	ation	
(301.1)	Please check this box to confirm that the attached document(s), on line 2 § \$4.313 (()(1)(ii), the carrier shall provide the number, names, and addresses to broadband service in the preceding calendar year.			i
(3012)	Community Anchor institutions (47 CFR § 54.313(fX1XV))			
		Name of Attached Document Lixting Required Information	20	
	Is your company a Privately Held BOR Center (47 CFR § 54.513(f)(2))	(Yen/No)	<b>√</b> ₩	
	If yet, does your company file the RUS annual report.			
	check these boxes to confirm that the attached document(s), on line 301	7, contains the required information pursuant to § 54.313(f)(	2) compliance require	MC
[5015]	Electronic copy of their annual RUS reports (Operating Report for Telecommunications Sorrowers)			
(3016)	Document(s) for Balance Sheet, Income Statement and Statement of Ca	sh Flows		
				7
(3017)	If the response is yes on line 3014, attack your company's RUS annual report and all required documentation			
		Name of Attached Document Listing Required Information		1
(3018)	If the response is no on line 2014, is your company audited?	(Yes/No) (	$\Omega$	
footes		The state of the s		
	If the response is yes on line 1018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f(x)), contains			
(3014)	Either a copy of their audited financial statement; or (2) a financial report in a fi	ormat comparable to RUS Operating Report for Telecommunication		
(3020)	Document(s) for Balance Sheet, Income Statement and Statement of Co.	auth Flown		
(3021)		this accountant that performed the company's financial audit		
	If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to 6.54.1.3(f)(2), contains;			
(1022)	Copy of their financial statement which has been subject to review by an			
	Independent certified public accountant; or 2) a financial report in a			
	format comparable to RUS Operating Report for Telecommunications			
	Borowen,			
[3023]	Underlying information subjected to a review by an independent certified public accountant			
(1024)	Underlying information subjected to an officer certification.		$\vdash$	
(3025)	Document(s) for Balance Sheet, Income Statement and Statement of Co	sh Flows		
130361	Attach the worksheet listing required information			
130291	Service are workered provide information.			
	L	Name of Attached Document Listing Required Information		

ta Collection Form		OMB Control No. 3060-0586/OMB Control No. 3060-0819 July 2013
010> Study Area Code	359136	
115> Study Area Name	Boomerang Wireless LLC	
20> Program Year	2016	
30> Contact Name - Person USAC should contact regarding this data 35> Contact Telephone Number - Number of person identified in data line	Mark Lammert 4030> 4072601011 ext.	
399 Contact Email Address - Email Address of person identified in data line		
Financial Data Summary		
(3027) Revenue		
(3028) Operating Expenses		
(3029) Net Income		
(3030) Telephone Plant In Service(TPIS)		
(3031) Total Assets (3032) Total Debt		
(3033) Total Equity		
(3034) Dividends		
	Name of Attached Document Listing Required Inform	ation

FCC Form 481

(3000) Rate Of Return Carrier Additional Documentation (Continued)

Certification - Reporting Carrier Data Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	359136
<015>	Study Area Name	Boomerang Wireless LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Mark Lammert
<035>	Contact Telephone Number - Number of person identified in data line <030>	4072601011 ext.
<039>	Contact Email Address - Email Address of person Identified in data line <030>	regulatory@csilongwood.com

### TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

# Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate. Name of Reporting Carrier: Boomerang Mireless LLC Signature of Authorized Officer: CERTIFIED ONLINE Date 06/18/2015 Printed name of Authorized Officer: Jim Balvanz Title or position of Authorized Officer: 3192946080 ext. Study Area Code of Reporting Carrier: 359136 Filing Due Date for this form: 07/01/2015 Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

	don - Agent / Carrier ection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	359136
<015>	Study Area Name	Boomerang Wireless LLC
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Mark Lammert
<035>	Contact Telephone Number - Number of person identified in data line <030>	4072601011 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	regulatory@csilongwood.com

## TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

I certify that (Name of Agent) is authorized to submit the information reported on behalf of the report also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.		
Name of Authorized Agent:		
Name of Reporting Carrier:		
Signature of Authorized Officer:	Date:	
Printed name of Authorized Officer:		
Title or position of Authorized Officer:		
Telephone number of Authorized Officer:		
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	

### TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier				
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.				
Name of Reporting Carrier:				
Name of Authorized Agent or Employee of Agent:				
Signature of Authorized Agent or Employee of Agent:		Date:		
Printed name of Authorized Agent or Employee of Agent:				
Title or position of Authorized Agent or Employee of Agent				
Telephone number of Authorized Agent or Employee of Age	ent:			
Study Area Code of Reporting Carrier:	Filing Due Date for this form:			





### FCC Form 481

Section 500 - Service Quality Standards & Consumer Protection Rules Compliance

Under FCC Rules, Section 54.202, an ETC must comply that it will satisfy applicable consumer protection and service quality standards. Boomerang Wireless, LLC d/b/a enTouch Wireless (Boomerang) is in compliance with the Cellular Telecommunications and Internet Association's Consumer Code for Wireless Service.

- Boomerang discloses rates and terms of service to customers at the time service is initiated.
  These same terms and conditions are posted on Boomerang's website at
  www.entouchwireless.com.
- Boomerang provides service availability information on their website at www.entouchwireless.com.
- Boomerang makes available contract terms to subscribers when they initiate or change service. These same terms are available to subscribers during the annual recertification process as outlined in Commission rules that govern continued subscriber eligibility.
- 4. Boomerang's Lifeline service can be terminated at any time by either party without an early termination fee. Service is dependent on continued eligibility in the program.
- Boomerang provides disclosures, minutes included in Lifeline plans, expiration of plan minutes, availability of service, and cost for additional minutes in all published Lifeline advertising materials.
- Boomerang customers are provided options if they exceed the number of minutes provided in their Lifeline plan. Customers can purchase standard top up plans at thousands of local retail establishments and through customer service. Plan descriptions are available on the company website at www.entouchwireless.com.
- 7. Boomerang's toll-free customer service number is 866-488-8719. Customers can reach customer service by dialing 611 from their enTouch phone. Customers can also contact Boomerang via email at <a href="mailto:support@entouchwireless.com">support@entouchwireless.com</a> or by US mail. This information is provided in the terms of service and on the company website and in all information provided to subscribers.
- Boomerang responds to all consumer inquiries and complaints received from government agencies within 30 days.
- Boomerang has procedures in place to maintain the privacy of subscriber proprietary information in accordance with applicable federal and state laws.
- 10. At service initiation, Boomerang requests that subscribers "Opt In" to receive free notifications regarding activation status, balance alerts, etc. Customers can also decline to receive these messages and notices by "Opting Out". If a subscriber chooses to decline free notifications they will receive only those Lifeline notifications required by the FCC such as the 30-day non-usage notice, the recertification notices, etc. The customer cannot opt out of the required FCC notifications.



# FCC Form 481 Section 600 - Functionality in Emergency Situations

Under FCC Rules, an ETC must demonstrate its ability to remain functional in emergency situations. Since Boomerang Wireless, LLC d/b/a enTouch Wireless (Boomerang) is providing service to its customers through the use of facilities obtained from other carriers, it is able to provide to its customers the same ability to remain functional in emergency situations as currently provided by the carriers to their own customers, including access to a reasonable amount of back-up power to ensure functionality without an external power source, re-routing traffic around damaged facilities, and the capability of managing traffic spikes resulting from emergency situations.

Boomerang, along with their underlying carriers, have created back-up systems to ensure functionality in the event of a loss of power or network functionality. Boomerang's support facilities are housed in a carrier-class data center with fully redundant power and HVAC, a controlled temperature and humidity environment, fire-threat detection and suppression, year-round critical monitoring, and secure access with biometric security. The facility features redundant generators and redundant fiber optic connectivity. The data center is a reinforced concrete building located in a secure area and collocated with the area electrical generation plant. All systems within the facility are implemented on redundant servers, each with redundant data network and power.